## IN THE UNITED STATES PATENT AND TREE MARK OFFICE

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Fields, I.

Applicant:

EBRINGER, Alan

Atty. Docket:

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Title:

DIAGNOSIS OF SPONGIFORM OR DE-MYELINATING DISEASE

## **REVOCATION OF POWER OF ATTORNEY:** GRANTING OF POWER OF ATTORNEY; CHANGE OF ADDRESS

Assistant Commissioner for Patents Washington, D.C. 20231

To the Commissioner:

I, the undersigned, hereby revoke all Powers of Attorney previously given in relation to the application referred to above. Please recognize the attorneys listed below as my attorneys in the prosecution of the above identified application with full power to transact all business in the Patent and Trademark Office connected therewith, including full power of substitution, revocation and change of correspondence address:

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